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#### Disclaimer:

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

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#### **Disclosure**

The faculty:

Cindy Crusto, Ph.D., and David Salinas M.P.H, have no financial interests to disclose.

#### **Learning Objectives**

At the end of this session, grantees will be able to:

- Understand the impact of differences in retention in HIV care by race/ethnicity
- Identify best practices in cultural and linguistic competence enhancement
- Discuss frameworks for training agency staff across all levels to serve diverse groups
- Discuss strategies and interventions to reduce multiple barriers faced by PLWH in culturally diverse communities



## IMPACT OF DIFFERENCES IN RETENTION IN HIV CARE BY RACE/ETHNICITY





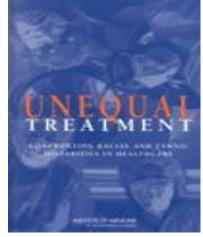
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**Racial and Ethnic Disparities in Health** 

and Health Care

Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care (2003)

 Racial or ethnic differences in the quality of healthcare exist even when insurance status, income, age, and severity of conditions are comparable



https://www.nap.edu/catalog/10260/unequal-treatment-confronting-racial-and-ethnic-disparities-inhealth-care





# What Accounts for Racial/Ethnic Disparities in Health Care?

- Patient level factors
- Health systems
- Clinical encounter
  - Provider interactions
  - Respect
  - Racism
  - · Patient perspectives

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### **HIV/AIDS Specific Data**



# BEST PRACTICES IN CULTURAL AND LINGUISTIC COMPETENCE ENHANCEMENT



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#### **Cultural Competence Defined**

- "Cultural competence is a set of congruent behaviors, attitudes and policies that come together in a system, agency or professional and enable that system, agency or professional to work effectively in cross-cultural situations." (Cross et al., 1989)
- Cross et al. (1989) emphasized three critical elements in this model of cultural competence: 1) self awareness; 2) culture-specific knowledge; and 3) skills promoting effective socio-cultural interactions by an individual

Cross, T., Bazron, B., Dennis, K., & Isaacs, M., (1989). *Towards A Culturally Competent System of Care, Volume I.* Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.





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# **Culturally and Linguistically Appropriate Services (CLAS) Defined**

 Services that are respectful of and responsive to individual cultural health beliefs and practices, preferred languages, health literacy levels, and communication needs and employed by all members of an organization (regardless of size) at every point of contact

### Enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

Purpose: To provide a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services that will advance health equity, improve quality, and help eliminate health care disparities

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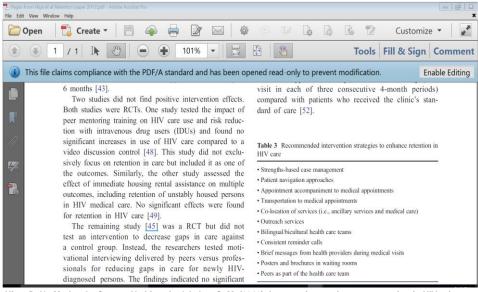
National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (2012)

Principal Standard

Governance, Leadership, and Workforce

Communication and Language Assistance

Engagement, Continuous Improvement, and Accountability



Higa, D. H., Marks, G., Crepaz, N., Liau, A., & Lyles, C. M. (2012). Interventions to improve retention in HIV primary care: a systematic review of US studies. Current HIV/AIDS Reports, 9(4), 313-325.

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### **CULTURAL COMPETENCY** TRAINING FRAMEWORKS





TABLE 1: Components of Cultural Competence

Belief/Attitude Skill Knowledge

- 1. Aware and sensitive to own heritage and valuing/respecting differences.
- 2. Aware of own background/experiences 2. Possesses knowledge about racial identity and biases and how they influence psychological processes.
- 3. Recognizes limits of competencies and expertise.
- 4. Comfortable with differences that exist between themselves and others.
- 5. In touch with negative emotional reactions toward racial/ethnic groups and can be nonjudgmental.
- 6. Aware of stereotypes and preconceived
- 7. Respects religious and/or spiritual beliefs of others.
- 8. Respects indigenous helping practices and community networks.
- 9. Values bilingualism.

- 1. Has knowledge of own racial/cultural heritage and how it affects perceptions
- development. Able to acknowledge own racist attitudes, beliefs,
- and feelings. 3. Knowledgeable about own social impact and communication styles.
- 4. Knowledgeable about groups one works or interacts with.
- 5. Understands how race/ethnicity affects personality formation, vocational choices, psychological disorders, and so forth.
  - 6. Knows about sociopolitical influences, immigration, poverty, powerlessness, and so forth.
  - 7. Understands culture-bound, class-bound, and linguistic features of psychological help.
  - 8. Knows the effects of institutional barriers.
  - 9. Knows bias of assessment
- 10. Knowledgeable about minority family structures, community, and so forth
- 11. Knows how discriminatory practices operate at a community level.

- 1. Seeks out educational, consultative, and multicultural training experiences.
- 2. Seeks to understand self as racial/cultural being.
- 3. Familiarizes self with relevant research on racial/ethnic groups.
- 4. Involved with minority groups outside of work role: community events, celebrations, neighbors, and so forth.
- 5. Able to engage in a variety of verbal/nonverbal helping styles.
- 6. Can exercise institutional intervention skills on behalf of clients.
- 7. Can seek consultation with traditional healers.
- 8. Can take responsibility to provide linguistic competence for clients
- 9. Has expertise in cultural aspects of assessment.
- 10. Works to eliminate bias, prejudice, and discrimination.
- 11. Educates clients in the nature of one's practice.

NOTE: Adapted from D. W. Sue, Arredondo, & McDavis (1992).





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#### **Examples of Cultural Competency Training**

- Awareness/Belief/Attitude
  - Learn about your own culture (lens through which you see world)
  - Implicit bias
  - Examining, understanding, and recognizing personal biases, stereotypes
  - · Cultural beliefs in the clinical encounter
- Knowledge
  - · What are health and health care disparities?
  - Cultural and Linguistic Competence 101
  - · Diversity 101
  - Knowledge of people from different cultures
  - · How to locate and work with interpreters and translators

# **Examples of Cultural Competency Training** (cont'd)

- Skills
  - · Negotiating differences
  - · Cross-cultural communication
  - · Conducting the Cultural Formulation Interview

Diversity Officer Magazine. What is Cultural Competence & How is it Measured? http://diversityofficermagazine.com/cultural-competence/what-is-cultural-competence-how-is-it-measured-2/

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# Cultural and Linguistic Competence at Different Levels

- Individual
- Organizational
- Structural

# HIV-RELATED STIGMA (AND DISCRIMINATION)



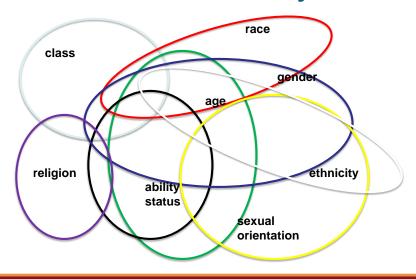
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#### **HIV-related Stigma and Discrimination**

- · What is HIV-related stigma?
- What is discrimination?
- What are the different types of stigma and discrimination that PLWA experience?
- What does the research tell us about how stigma and discrimination impact engagement and retention in HIV services and care?

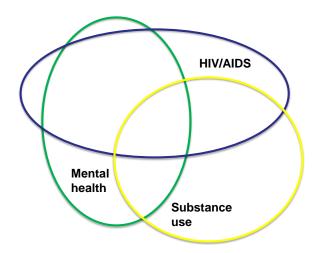
Logie, C., & Gadalla, T. M. (2009). Meta-analysis of health and demographic correlates of stigma towards people living with HIV. *AIDS care*, *21*(6), 742-753.

## Intersectionality



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### **PLWV** and Multiple Health Care Issues



#### Resources/References

Christopoulos, K. A., Das, M., & Colfax, G. N. (2011). Linkage and retention in HIV care among men who have sex with men in the United States. *Clinical infectious diseases*, *52*(suppl 2), S214-S222.

Gaston, G. B. (2013). African-Americans' perceptions of health care provider cultural competence that promote HIV medical self-care and antiretroviral medication adherence. *AIDS care*, *25*(9), 1159-1165.

Gaston, G. B., & Alleyne-Green, B. (2013). The impact of African Americans' beliefs about HIV medical care on treatment adherence: a systematic review and recommendations for interventions. *AIDS and Behavior*, 17(1), 31-40.

Logie, C., & Gadalla, T. M. (2009). Meta-analysis of health and demographic correlates of stigma towards people living with HIV. *AIDS care*, *21*(6), 742-753.

Marx, K. A., Malka, E. S., Ravishankar, J., & Schwartz, R. M. (2011). Measurement of retention in care among adults infected with HIV in an urban clinic. *AIDS care*, 23(10), 1298-1304.

Sevelius, J. M., Patouhas, E., Keatley, J. G., & Johnson, M. O. (2014). Barriers and facilitators to engagement and retention in care among transgender women living with human immunodeficiency virus. *Annals of Behavioral Medicine*, 47(1), 5-16.

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#### Resources/References - cont'd.

Sagrestano, L. M., Clay, J., Finerman, R., Gooch, J., & Rapino, M. (2014). Transportation vulnerability as a barrier to service utilization for HIV-positive individuals. *AIDS care*, *26*(3), 314-319.





#### **Sunrise Community Counseling Center, Inc. (SCCC):**

- Is a community-based substance misuse and mental health service provider organization with over 40 years of experience.
- Delivers a multi-faceted range of services including substance use disorder prevention and treatment, domestic violence intervention, treatment for sexual misuse perpetrators and victims, and co-occurring diagnosis and treatment.
- Serves the residents of Service Planning Area (SPA)
  4/Metro area of Los Angeles, California.



#### SPA 4 race/ethnicity profile (2017):

- 51.8% Hispanic or Latino
- 24.8% as White
- 17.9% as Asian
- 5.2% as Black or African American
- 0.2% as American Indian or Alaskan Native, and 0.1% as Pacific Islander
- Families are primarily first generation immigrant families from Central America and Mexico and secondand third-generation Mexican American families

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# Proyecto Buena Vida / Project Good Life (PBV/PGL)

PBV/PGL is an out-patient program that offers integrated behavioral health services coupled with HIV and viral hepatitis (VH) prevention and treatment services.

#### Services include:

- · HIV/VH screening and treatment; Hepatitis A and B vaccination
- 12 weekly sessions of individual and group CBT sessions
- Followed by 12 weeks of Assertive Continuing Care/Community Reinforcement Approach individual counseling
- · Case management



#### **SCCC Staff:**

- · Are bilingual, trilingual, and bi/tri-cultural professionals
- Are from Brazil, Peru, El Salvador, and Mexico, or second generation immigrants
- · Highly culturally sensitive

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#### PBV/PGL participants demographic profile:

- 169 participants
- Gender: 33% male, 66% female, 1% transgender, 1% MSM
- Ethnicity: Hispanic 88%, 12% non Hispanic
- Background: Mexican 57%, Central American 35%
- Age: 18-24 18%, 25-34 32%, 35-44 32% 45-54 16%, 55-64 4%
- Education: <12<sup>th</sup> grade 62%, 12<sup>th</sup>/GED 19%, some college/college 12%



#### PBV/PGL participants presenting issues:

- · Family conflicts due to issues with adjustment
- · Depression, Postpartum Depression
- · Current substance misuse
- PTSD and anxiety
- Complex trauma, including trauma related to experiences with immigration
- · Victims of domestic violence
- · Victims of sexual and/or physical assault

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#### **PBV/PGL Recruitment:**

SCCC has multiple referral sources, including:

- LA Department of Child and Family Services social workers
- · Criminal courts probation officers
- Family Resources Centers
- Local health fairs
- Local schools
- Self-referred



#### **PBV/PGL Retention Strategies:**

- Demonstrate cultural sensitivity
  - Speak their language, understanding variation in Hispanic/Latino culture, have culturally diverse staff
- · Build rapport and establish trust
- Maintain open and flexible appointment schedule
- · Demonstrate cultural empathy
- Validate participant's experiences
- Leverage social workers and probation officers
- · Offer case management

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#### PBV/PGL Retention Challenges:

- Overcoming cultural bias about behavioral health counseling
- Working around participant's schedule (i.e., multiple jobs, child care needs)
- Transportation issues
- Participants' challenges in communicating and building trust
- · Active substance use, and related risk behaviors
- Level of care needed (i.e., illness severity)

# **Questions**

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# **Contact Us**

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#### **Next Webinar**

**Tuesday, May 23, 2017** 

**Retention in Care 2:** Best practices in trauma informed care for PLWH, in recovery and people at-risk 1:00-2:00 PM ET

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#### **Onsite Trainings for MAI-CoC Grantees**

- Motivational Interviewing
- Using GPRA/TRAC Data for Program Sustainability
- Trauma-Informed Care
- Whole Health Action Management
- SBIRT
- Integrated Practice Assessment
  Mastering Supervision Tool (IPAT) Consultation and **Planning**
- · Medication Assisted Treatment 101
- Achieving Cultural Competence in Behavioral Health and HIV **Service Delivery**
- · Case Management to Care **Management Training** 

  - Staff Wellness

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Contact: integration@thenationalcouncil.org

#### For More Information & Resources

Visit <u>www.integration.samhsa.gov</u> or e-mail integration@thenationalcouncil.org



